

## **BONFIRE PERMIT**

Date of Application: \_\_\_\_\_

This is to certify that:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Has permission to have a bonfire at: \_\_\_\_\_

On (date): \_\_\_\_\_ between the hours of: \_\_\_\_\_ and \_\_\_\_\_

The holder of this permit is responsible to see that all fire safety rules established by the Darien Fire Marshal are complied with.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Vincent D. Proto, R.S.  
Director of Environmental Health

cc: Police Department  
Fire Marshal  
Fire Department